

he moved from man to man, collecting more ammo until the enemy guns fell silent.

When Lance Corporal Darnell's unit was ordered to withdraw from the area, he dragged two marines to safety and refused to evacuate himself. He stayed back to tend to the wounded.

Lance Corporal Darnell died 2 days later, on April 26, 1967, at the age of 19. He was awarded the Navy Cross for his selfless sacrifice and act of courage in combat.

Lance Corporal Darnell's service to our Nation is truly worthy of honor. *Semper Fidelis*.

Naming this VA facility after the Greenville native son and hero will serve as a reminder and an inspiration to all who seek care there. It will also ensure that his story of service is never forgotten.

Mr. Speaker, I encourage all of my colleagues to support H.R. 5943, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. BOST. Mr. Speaker, I yield 3 minutes to the gentleman from South Carolina (Mr. TIMMONS).

Mr. TIMMONS. Mr. Speaker, I thank Ranking Member BOST and Chairman TAKANO for supporting this bill and bringing it to the floor today.

Mr. Speaker, I rise today in support of our bill, H.R. 5943, to designate the outpatient clinic of the Department of Veterans Affairs in Greenville, South Carolina, as the Lance Corporal Dana Cornell Darnell Outpatient Clinic.

A native of Greenville, South Carolina, Dana Cornell Darnell was a lance corporal in the United States Marine Corps during the Vietnam war. On April 24, 1967, his platoon was ambushed by North Vietnamese Army forces. He quickly worked to silence enemy fire. Even after being temporarily blinded, he refused to be evacuated and quickly began assisting in the care of the wounded.

For his extraordinary heroism, Lance Corporal Dana Cornell Darnell was awarded the Navy Cross.

Renaming the Greenville VA clinic in honor of Lance Corporal Darnell will ensure we never forget the courage, service, and sacrifice of our fellow South Carolinian.

Mr. Speaker, I thank the entire South Carolina delegation for their support of this bill. We believe the Lance Corporal Dana Cornell Darnell Outpatient Clinic will serve countless veterans throughout the upstate and uphold our promise to those who gave our country their all.

Mr. Speaker, I urge my colleagues to support H.R. 5943.

Mr. TAKANO. Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I encourage all of my colleagues to support this bill and honor the lance corporal by naming this facility after him.

Mr. Speaker, I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing H.R. 5943, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 5943, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GOOD of Virginia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### LONG-TERM CARE VETERANS CHOICE ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7158) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into contracts and agreements for the payment of care in non-Department of Veterans Affairs medical foster homes for certain veterans who are unable to live independently, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7158

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Long-Term Care Veterans Choice Act".

#### SEC. 2. SECRETARY OF VETERANS AFFAIRS CONTRACT AUTHORITY FOR PAYMENT OF CARE FOR VETERANS IN NON-DEPARTMENT OF VETERANS AFFAIRS MEDICAL FOSTER HOMES.

(a) AUTHORITY.—

(1) IN GENERAL.—Section 1720 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(h)(1) During the five-year period beginning on the date of the enactment of the Long-Term Care Veterans Choice Act, and subject to paragraph (3)—

"(A) at the request of a veteran for whom the Secretary is required to provide nursing home care under section 1710A of this title, the Secretary may place the veteran in a medical foster home that meets Department standards, at the expense of the United States, pursuant to a contract, agreement, or other arrangement entered into between the Secretary and the medical foster home for such purpose; and

"(B) the Secretary may pay for care of a veteran placed in a medical foster home before such date of enactment, if the home meets Department standards, pursuant to a contract, agreement, or other arrangement entered into between the Secretary and the medical foster home for such purpose.

"(2) A veteran on whose behalf the Secretary pays for care in a medical foster home under paragraph (1) shall agree, as a condition of such payment, to accept home health services furnished by the Secretary under section 1717 of this title.

"(3) In any year, not more than a daily average of 900 veterans receiving care in a med-

ical foster home, whether placed before, on, or after the date of the enactment of the Long-Term Care Veterans Choice Act, may have their care covered at the expense of the United States under paragraph (1).

"(4) The prohibition under section 1730(b)(3) of this title shall not apply to a veteran whose care is covered at the expense of the United States under paragraph (1).

"(5) In this subsection, the term 'medical foster home' means a home designed to provide non-institutional, long-term, supportive care for veterans who are unable to live independently and prefer a family setting."

(2) EFFECTIVE DATE.—Subsection (h) of section 1720 of title 38, United States Code, as added by paragraph (1), shall take effect 90 days after the date of the enactment of this Act.

(b) ONGOING MONITORING OF MEDICAL FOSTER HOME PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall create a system to monitor and assess the workload for the Department of Veterans Affairs in carrying out the authority under section 1720(h) of title 38, United States Code, as added by subsection (a)(1), including by tracking—

(A) requests by veterans to be placed in a medical foster home under such section;

(B) denials of such requests, including the reasons for such denials;

(C) the total number of medical foster homes applying to participate under such section, disaggregated by those approved and those denied approval by the Department to participate;

(D) veterans receiving care at a medical foster home at the expense of the United States; and

(E) veterans receiving care at a medical foster home at their own expense.

(2) REPORT.—Based on the monitoring and assessments conducted under paragraph (1), the Secretary shall identify and submit to Congress a report on such modifications to implementing section 1720(h) of title 38, United States Code, as added by subsection (a)(1), as the Secretary considers necessary to ensure the authority under such section is functioning as intended and care is provided to veterans under such section as intended.

(3) MEDICAL FOSTER HOME DEFINED.—In this subsection, the term "medical foster home" has the meaning given that term in section 1720(h) of title 38, United States Code, as added by subsection (a)(1).

(c) COMPTROLLER GENERAL REPORT.—Not later than each of three years and six years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report—

(1) assessing the implementation of this section and the amendments made by this section;

(2) assessing the impact of the monitoring and modifications under subsection (b) on care provided under section 1720(h) of title 38, United States Code, as added by subsection (a)(1); and

(3) setting forth recommendations for improvements to the implementation of such section, as the Comptroller General considers appropriate.

(d) MODIFICATION OF CERTAIN HOUSING LOAN FEE.—The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking "January 14, 2031" each place it appears and inserting "February 15, 2031".

#### SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of

the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

#### GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 7158, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 7158, as amended, the Long-Term Care Veterans Choice Act.

This bill, authored and long championed by Congressman HIGGINS and Chairwoman BROWNLEY, would enable VA to better provide long-term services and support for our aging and disabled veterans.

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The VA's medical foster homes are one of its most creative and effective initiatives. Veterans who have access to these care settings thrive and are able to remain a part of their community, even if their conditions do not allow them to remain independently in their homes.

Veterans who are not yet ready for institutional care but need the help and assistance of professional caregivers are able to live in a home setting among other veterans in their communities. Satisfaction with the program is very high, but veterans have to pay for the care themselves, which is a barrier for many veterans. Yet, VA is currently prohibited from paying a veteran's room and board. This legislation would change that.

Community-based programs like these are what veterans want and deserve. They also prevent veterans from being forced into much more expensive institutional care settings.

Mr. Speaker, I wholeheartedly support this bill, and I encourage all of my colleagues to join me in supporting this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 7158, the Long-Term Care Veterans Choice Act.

H.R. 7158 would give VA the authority to grant payments to non-VA entities for veterans who require long-term care in medical foster homes. A medical foster home is a private home, not an institutional facility, where trained caregivers provide wraparound care and service to patients.

VA inspects and approves medical foster homes and enrolls veterans in the VA Home Healthcare Program. But under current law, VA is not authorized to pay for veterans' medical foster home care. Veterans must cover the bill themselves, even if they would otherwise be eligible for a VA-run nursing home facility.

Now, medical foster homes are a more cost-effective alternative to nursing home care. They typically cost between \$1,500 and \$3,000 a month, compared to a typical \$7,000-a-month cost in a nursing home.

Allowing veterans to age with dignity and being comfortable is something that I care deeply about, and this bill is a critical step towards helping us to do just that.

However, this is another bill that CBO gave a large mandatory score to because of the toxic exposure fund. We were able to fully offset this score, but we won't be able to do that for every piece of legislation. Our offsets are quickly running out, and we have to solve the scoring problem before the work of our committee grinds to a complete halt.

This bill is supported by the VA and numerous VSOs, and I thank Congressman HIGGINS for his tireless work on it. Mr. Speaker, I ask all of my colleagues to support H.R. 7158, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I appreciate the ranking member's desire to engage in talks regarding the toxic exposure fund. It is an important issue, which is the long-term implications of the Cost of War Toxic Exposures Fund, otherwise known as TEV, and it was created by the Honoring our PACT Act.

This fund is absolutely crucial to ensuring VA has the resources necessary to fully support our veterans and to deliver the new benefits available to them without having to sacrifice existing programs.

As I have said repeatedly, any potential change to this fund and how it operates must be considered very carefully and requires the input of other committees that have a stake in this issue, to include appropriations and budget in the House and Senate.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I look forward to working with the chairman as we move forward to try to cure that problem that we were just talking about.

Mr. Speaker, I yield 3 minutes to the gentleman from Louisiana (Mr. HIGGINS), a great Member, who has worked hard on this bill.

Mr. HIGGINS of Louisiana. Mr. Speaker, I rise in support of the Long-Term Care Veterans Choice Act. The Department of Veterans Affairs has been running its medical foster homes initiative since the year 2000, and as of 2021, the Veterans Health Administration oversees about 600 medical foster home caregivers taking care of veterans in about 40 States.

Medical foster homes are private homes where a caregiver provides services to a small group of individuals who are unable to live without day-to-day assistance.

Currently, veterans enrolled in home-based primary care through the VA may elect to receive their care at medical foster homes. However, the VA does not cover the cost of medical foster homes for veterans that would otherwise be eligible for nursing home care through the VA. As has been noted by my colleagues, full nursing home traditional care is far more expensive than medical foster homes.

Veterans must pay for medical foster homes out of their pocket or through private insurance. This bill would fix that.

My bill would authorize the Secretary of the VA to enter into contracts and agreements for placement of up to 900 veterans a day in medical foster homes. These are veterans who are unable to live independently.

In addition, medical foster home caregivers would be required to pass a Federal background check and undergo VA screening. They would be required to participate in annual training, and they would have to permit the VA to make announced and unannounced home visits.

Finally, the VA would provide these veterans with full interdisciplinary home care that includes, physicians, nurses, rehabilitation therapists, medical healthcare providers, dietitians, and pharmacists.

My bill is supported by the American Legion, the VFW, Disabled American Veterans, and the Wounded Warrior Project.

In closing, I sincerely thank Chairman TAKANO and Ranking Member BOST for bringing this bill to the floor, and I urge my colleagues to support this bill.

Mr. TAKANO. Mr. Speaker, I thank the gentleman from Louisiana for his hard work. I feel his sincere words. I take them to heart, and I sincerely hope that we get this through the Senate so that we can see this signed into law before the end of this year.

Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I encourage all of my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, as I have said before on the floor of this House, serving our veterans is not about red or blue. It is about red, white, and blue. I know that the ranking member stands with me in service of our veterans, and he stands with me right now in the optimism that Team USA is going to prevail today at the World Cup. They are ahead 1-0. I know the ranking member and I, and the gentleman from Louisiana, are all standing united with the hope of an American victory there.

Mr. Speaker, again, I ask all my colleagues to join me in passing H.R. 7158,

as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 7158, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. GOOD of Virginia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

## PROTECTING FIREFIGHTERS FROM ADVERSE SUBSTANCES ACT

Ms. STEVENS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 231) to direct the Administrator of the Federal Emergency Management Agency to develop guidance for firefighters and other emergency response personnel on best practices to protect them from exposure to PFAS and to limit and prevent the release of PFAS into the environment, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 231

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Firefighters from Adverse Substances Act" or the "PFAS Act".

### SEC. 2. GUIDANCE ON HOW TO PREVENT EXPOSURE TO AND RELEASE OF PFAS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Homeland Security, in consultation with the Administrator of the United States Fire Administration, the Administrator of the Environmental Protection Agency, the Director of the National Institute for Occupational Safety and Health, and the heads of any other relevant agencies, shall—

(1) develop and publish guidance for firefighters and other emergency response personnel on training, education programs, and best practices;

(2) make available a curriculum designed to—

(A) reduce and eliminate exposure to per- and polyfluoroalkyl substances (commonly referred to as "PFAS") from firefighting foam and personal protective equipment;

(B) prevent the release of PFAS from firefighting foam into the environment; and

(C) educate firefighters and other emergency response personnel on foams and non-foam alternatives, personal protective equipment, and other firefighting tools and equipment that do not contain PFAS; and

(3) create an online public repository, which shall be updated on a regular basis, on tools and best practices for firefighters and other emergency response personnel to reduce, limit, and prevent the release of and exposure to PFAS.

(b) CURRICULUM.—

(1) IN GENERAL.—For the purpose of developing the curriculum required under sub-

section (a)(2), the Administrator of the United States Fire Administration shall make recommendations to the Secretary of Homeland Security as to the content of the curriculum.

(2) CONSULTATION.—For the purpose of making recommendations under paragraph (1), the Administrator of the United States Fire Administration shall consult with interested entities, as appropriate, including—

(A) firefighters and other emergency response personnel, including national fire service and emergency response organizations;

(B) impacted communities dealing with PFAS contamination;

(C) scientists, including public and occupational health and safety experts, who are studying PFAS and PFAS alternatives in firefighting foam;

(D) voluntary standards organizations engaged in developing standards for firefighter and firefighting equipment;

(E) State fire training academies;

(F) State fire marshals;

(G) manufacturers of firefighting tools and equipment; and

(H) any other relevant entities, as determined by the Secretary of Homeland Security and the Administrator of the United States Fire Administration.

(c) REVIEW.—Not later than 3 years after the date on which the guidance and curriculum required under subsection (a) is issued, and not less frequently than once every 3 years thereafter, the Secretary of Homeland Security, in consultation with the Administrator of the United States Fire Administration, the Administrator of the Environmental Protection Agency, and the Director of the National Institute for Occupational Safety and Health, shall review the guidance and curriculum and, as appropriate, issue updates to the guidance and curriculum.

(d) APPLICABILITY OF FACCA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to this Act.

(e) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to require the Secretary of Homeland Security to promulgate or enforce regulations under subchapter II of chapter 5 of title 5, United States Code (commonly known as the "Administrative Procedure Act").

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Ms. STEVENS) and the gentleman from Oklahoma (Mr. LUCAS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

### GENERAL LEAVE

Ms. STEVENS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on S. 231, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Ms. STEVENS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of S. 231, the Protecting Firefighters from Adverse Substances Act, or the PFAS Act, championed by my Michigan colleagues and dear friends, Congresswoman DEBBIE DINGELL and Senator GARY PETERS.

I profoundly thank them for their steadfast and dedicated leadership on

addressing PFAS contamination to protect our natural waters in the Great Lakes, our air, and beyond.

Exposure to PFAS chemicals continues to harm the health and well-being of families across America. My home State of Michigan has the most PFAS contaminated sites in the country, thus making it the State's biggest environmental crisis in half a century. But we also have been one of the very few States tracking it.

Although scientific knowledge regarding PFAS continues to develop, we know PFAS chemicals are linked to serious adverse health effects in human beings. The more we find out, the worse the picture appears.

Recently, the EPA sounded the alarm bell and asked its Science Advisory Board, the SAB, to review new analyses and data that suggests that two chemicals, which have been found in many drinking waters and surface waters in Michigan and around the country, are far more toxic than previously thought.

While officials in Michigan have taken steps to address this crisis, there is so much more to be done at every level of government.

Our efforts in Michigan need to be strengthened by Congressional action. In order to adequately address this threat, we need the Federal Government to step it up. That is why I am proud to cosponsor the bill we are considering today, Congresswoman DINGELL's and Senator PETERS' Protecting Firefighters from Adverse Substances Act.

PFAS are human-made chemicals that have been manufactured since the 1940s and can be found in a wide range of both consumer and industrial products, including firefighting foam and firefighter turnout gear.

While firefighters have dedicated their lives to protecting others in keeping our communities safe, they have, unfortunately, been exposed to these forever chemicals on the job.

The Department of Defense, the National Institute of Standards and Technology, and the Federal Aviation Administration all conduct research on PFAS-free firefighting foam or PFAS-free firefighter gear.

This promising work across our Federal Government is vital to reducing exposure to PFAS, but more progress is needed. Until PFAS-free alternatives are widespread, we must do everything we can to protect firefighters, emergency medical responders, and the communities they serve from unnecessary PFAS exposure.

This bipartisan legislation directs the administrator of the Federal Emergency Management Agency to offer resources to help protect firefighters, emergency response personnel, and the communities they serve from PFAS exposure.

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The bill also directs the administrator to provide resources that identify PFAS-free alternatives for firefighting gear and equipment. This